



2018 COMMUNITY POLICE ACADEMY APPLICATION

Thursdays, March 29th – May 31, 2018

DATE: ____/____/____

FULL LEGAL

NAME: _____
LAST FIRST MIDDLE

MAIDEN/OTHER NAMES

USED: _____
LAST FIRST MIDDLE

ADDRESS: _____

CITY STATE ZIP CODE

DATE OF BIRTH [MM/DD/YYYY] ____/____/____ GENDER: ☐ MALE ☐ FEMALE

DRIVERS LICENSE #: _____

PHONE _____

E-MAIL _____ (Primary form of communication)

OCCUPATION: _____

EMPLOYER: _____

THIS QUESTION APPLIES TO ALL 50 STATES; HAVE YOU EVER BEEN **ARRESTED, CHARGED, OR CONVICTED** FOR A CRIMINAL OFFENSE (NOT TRAFFIC VIOLATIONS)?

YES

NO

IF YES, DETAILS: _____

WHY ARE YOU INTERESTED IN ATTENDING THE COMMUNITY POLICE ACADEMY?

I, _____, authorize the Maple Valley Police Department and its agents and employees to conduct a review of the records of the King County Sheriff's Office and other law enforcement agencies for the purpose of conducting a criminal history check. I hereby release Maple Valley Police and all of its agents and employees from any liability which may arise out of the background investigation and recommendation, including any liability arising from a negative recommendation based upon erroneous information. I understand that my submitted application does not guarantee acceptance into the academy.

Dated this ____ day of _____, 2018

Signature

Funding for this Community Police Academy program is provided by three different jurisdictions, sharing the cost equally. The three agencies will attempt to balance enrollment among the community members of Maple Valley, Covington, and residents of unincorporated King County.

Return Completed Application to:
robin.larsen@kingcounty.gov

Maple Valley Police Department
ATTN: Robin Larsen
22017 SE Wax Road, Suite 100
P.O. Box 320
Maple Valley, WA. 98038
(425) 413-5158
(425) 413-5085 (fax)

For Office Use Only:

☐ IRIS Case #: _____
☐ ACCESS
☐ NCIC/DL
Restrictions: _____

Hold Harmless _____
Photo Consent _____